
SEIZURES

FIELD ASSESSMENT/TREATMENT INDICATORS

Tonic clonic movements followed by a brief period of unconsciousness (post-ictal).
Suspect status epilepticus for frequent or extended seizures.
Assess for history of prior seizures, alcoholism, narcotic dependence, or diabetes.
Assess for febrile seizures in children.
Assess for traumatic injury.

BLS INTERVENTIONS

1. Protect patient from further injury.
2. Assure and maintain airway patency after cessation of seizure, with oxygen therapy as indicated.
3. Position patient in left lateral position if altered gag reflex, in absence of traumatic injury.
4. Remove excess clothing and begin cooling measures if patient is febrile.
5. Protect patient during transport by padding appropriately.

ALS INTERVENTIONS

1. Obtain vascular access and place on cardiac monitor
2. Obtain blood glucose, if hypoglycemic administer Dextrose;
 - a. Adult dose: 25 Grams (25cc) IV/IO of 50% solution.
 - b. Pediatric dose: 0.5mg/kg IV/IO of 25% solution
3. For tonic/clonic type seizure activity administer Midazolam;
 - a. Adult dose: 5-10mg IM or 2.5-5mg IV/IO.
 - b. Pediatric dose: 0.2mg/kg IM with maximum IM dose of 10mg **or** 0.1mg/kg IV/IO with maximum dose 2.5-5mg IV/IO
4. If suspected narcotic overdose administer Naloxone;
 - a. Adult dose: 2.0mg IV/IM
 - b. Pediatric dose: 0.01mg/kg IV/IM. Not to exceed Adult dosage.
5. Assess and document response to therapy.
6. Repeat Midazolam for extended or recurrent seizure activity.
7. Repeat blood glucose then repeat Dextrose if needed.
8. Repeat Naloxone every 2-3 minutes if needed.
 - a. Adult dose: 2.0mg/kg IV/IM
 - b. Pediatric dose: 0.1mg/kg IV/IM. Not to exceed Adult dosage.